

## Request for Beneficiary Dental Exception (BDE) From Plan Enrollment

**For EMERGENCY (pain, swelling, and/or bleeding) please call the  
Dental Managed Care Toll-Free line at 1 (855) 347-3310 for assistance.**

❶ Name of Person Filling Out Form (first and last): \_\_\_\_\_

❷ Patient's Name (first and last): \_\_\_\_\_

❸ Patient Benefits Identification Card Number (BIC): \_\_\_\_\_

❹ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

❺ Best Phone Number to reach you: \_\_\_\_\_

**❻ Please check any box(es) that apply to you:**

☐ Not able to get an **"urgent"** appointment within 72 hours (3) days.

☐ Not able to get a **"routine"** (non-emergency) appointment within four (4) weeks.

☐ Not able to get a **"specialist"** appointment within 30 days from authorized request.

☐ Other: \_\_\_\_\_

**Please return this form to:**

**Mail:** Attn: Dental Managed Care BDE  
PO Box 997413, MS4708  
Sacramento, CA 95899-7413

**E-Mail:** Subject: Dental Managed Care BDE  
dentalmanagedcare@dhcs.ca.gov

**FAX:** Attn: Dental Managed Care BDE  
(916) 464-3783

❿ X

Signature of patient or parent if patient is a minor child

/ /  
Date (mm/dd/yyyy)

Print name and relationship to the patient

E-Mail (if any)

All forms will be initially processed whether or not there is a signature present, however, in order to process a dental plan dis-enrollment, a signature is required.